

# 21<sup>st</sup> Century Renewal Application

<https://egrants.opi.mt.gov/OPIGMSWeb/Logon.aspx>



## E-Grants System

OPI  
Home

Logon Page

[Instruction](#)

### Welcome to the Office of Public Instruction (OPI) E-Grants System

Please enter your user ID and Password

User ID:

Password:

LOGON

Public Access

See the Instructions for supported browsers and optimal screen resolution settings.

TEST

Powered by **MTW** Solutions Grant Management System

The Montana Office of Public Instruction, Denise Juneau, Superintendent - P.O. Box 202501 Helena, Montana 59620-2501  
In State Toll Free 1-888-334-6393 Local (406) 444-3005



# E-Grants System

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Menu List

Instructions

You have been granted access to the forms below by your Security Administrator

## Administrative

[OPI Reports](#)

## Competitive Grant

[21st Century](#)

[21st Century-Continuing](#)

## Discretionary Grant

[Title 1-C Migrant Consolidated](#)

[Title I Part C - Regular Term](#)

[Title I Part C - Summer Term](#)

## Formula Grant

[Carl Perkins - Secondary](#)

[ESEA/NCLB Consolidated](#)

[ESEA/NCLB Consolidated - ARRA](#)

[Gifted & Talented State Grant](#)

[IDEA Consolidated](#)

[IDEA Consolidated - ARRA](#)

[Title I School Improvement](#)

## Planning

[Planning Tool](#)





# E-Grants System

OPI  
Home

[Click to Return to Menu List / Sign Out](#)

## Organization Search Results

### Program - 21st Century Continuing Application

#### Organization Search Results

Select	Name	Legal Entity
<input type="checkbox"/>	Helena H S	0488
<input type="checkbox"/>	Helena Elem	0487

1

Select

2

TEST user ID: bmessinger

The Montana Office of Public Instruction, Denise Juneau, Superintendent - P.O. Box 202501 Helena, Montana 59620-2501  
In-State Toll-Free 1-888-231-9393, Local (406) 444-3095



# E-Grants System

[OPI Home](#)

[Click to Return to Organization Select](#)  
[Click to Return to Menu List / Sign Out](#)

**Applicant Name:** Helena Elem

**Legal Entity:** 0487

**Application Select - 21st Century Continuing Application**

[Instruction](#)

Year:

2011 ▼

[Create Application](#)



Select an application from the list(s) below and press one of the following buttons:

[Print All](#)

**This Organization has not created any Applications**

TEST user ID: bmessinger

The Montana Office of Public Instruction, Denise Juneau, Superintendent – P.O. Box 202501 Helena, Montana 59620-2501  
In-State Toll-Free 1-888-231-9393, Local (406) 444-3095

[Contact Us](#)



# E-Grants System

OPI  
Home

[Click to Return to Organization Select](#)  
[Click to Return to Menu List / Sign Out](#)

**Applicant Name:** Brockton Elem

**Legal Entity:** 0782

## Application Select - 21st Century New Application

[Instruction](#)

This Program Allows you to have multiple projects.  
Would you like to create a new project for the current year? ☒ Yes



[Click to Return to Organization Select](#)  
[Click to Return to Menu List / Sign Out](#)

**Applicant Name:** Brockton Elem

**Legal Entity:** 0782

## Application Select - 21st Century New Application

[Instruction](#)

This Program Allows you to have multiple projects.  
Would you like to create a new project for the current year? ☒ Yes

Year:

New Project Title:

[Create New Project](#)





# E-Grants System

OPI  
Home

**Applicant Name:** Brockton Elem

**Legal Entity:** 0782

Title IV B - 21st Century ▾

**Application:** 2010-2011 Original Application A0

[Printer-Friendly](#)

[Click to Return to Application Select](#)  
[Click to Return to Menu List / Sign Out](#)

Overview	Application Type	Contact Information	Allocations	Program Detail	Budget Pages	Assurances, Common and Program	Amendment Description	Submit	Application History	Page Lock Control
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## 21st Century Community Learning Center Overview

**Programs:** 21st Century Community Learning Center

**Purpose:** A 21st Century CCLC program will:

- provide opportunities for academic enrichment, including tutorial services to help students, particularly those who attend low-performing schools, to meet state and local student performance standards in the core academic areas of reading and math;
- offer students a broad array of additional services, programs, and activities, such as youth development activities, drug and violence prevention programs, counseling programs, art, music and recreation programs, technology education programs, and character education programs that are designed to reinforce and complement the regular academic program of participating students; and
- offer families of students who are served by community learning centers the opportunities for literacy and related educational development.

**Eligible Applicants** Eligible applicants may be local education agencies, community-based organizations, including faith-based organizations, institutions of higher education, city or county government agencies, for profit corporations and other public or private entities. A community-based organization is defined as a public or private for-profit or nonprofit organization that is representative of the community and has demonstrated experience or promise of success in providing educational and related activities that will complement and enhance the academic performance, achievement and positive youth development of students. While all organizations are eligible to apply, they **MUST** be partnered with an eligible school to be considered for funding.

- Federal regulations require that programs must primarily serve students who attend schools that serve a high percentage of students from low-income families.



**Applicant Name:** Brockton Elem

**Legal Entity:** 0782

Title IV B - 21st Century ▾

**Application:** 2010-2011 Original Application-A0

[Printer-Friendly](#)  
[Click to Return to Application Selected](#)  
[Click to Return to Menu List / Sign Out](#)

Overview	Application Type	Contact Information	Allocations	Program Detail	Budget Pages	Assurances, Common and Program	Amendment Description	Submit	Application History	Page Lock Control
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### Application Type

[Click for Instructions](#)

Are you a current 21st CCLC grantee? ☐ Yes ☐ No

Save Page

Overview	Application Type	Contact Information	Allocations	Program Detail	Budget Pages	Assurances, Common and Program	Amendment Description	Submit	Application History	Page Lock Control
----------	------------------	---------------------	-------------	----------------	--------------	--------------------------------	-----------------------	--------	---------------------	-------------------

### Application Type

[Click for Instructions](#)

Are you a current 21st CCLC grantee? ☒ Yes ☐ No

- ☐ Click here if you are a fifth year 21st CCLC applying for up to 60% of your current grant amount and not less than a minimum of \$50,000.
- ☐ Click here if you are submitting a new application for 21st CCLC Funding. For the purpose of this competition, NEW is defined as a currently funded 21st CCLC program adding a new target population, serving a new center, and addressing the specific needs of that population.

Save Page

## Contact Information

These gray fields will automatically fill on your application.

[Click for Instructions](#)

\* Denotes required field

### Authorized Representative:

Last Name

First Name

Phone    Extension

Fax

Summer Phone\*    Extension

Email

### District / Fiscal Clerk:

Last Name

First Name

Phone    Extension

Fax

Summer Phone\*    Extension

Email

Automatic e-mail notifications of this application's approval and/or return will be sent to the LEA Authorized Representative. If others want to receive these automatic e-mail notices, their e-mail addresses must be entered in the '21st Century Approval/Disapproval E-mail Notification' section at the bottom of this page.

**Note:** The district clerk and program contact(s) DO NOT receive automatic e-mail notices UNLESS their email addresses are included in the '21st Century Approval/Disapproval E-mail Notification' section.

[Save Page](#)

### Project Director:

Will there be a Project Director with dedicated time to lead and administer this project?

☐ Yes ☐ No

You must fill in the white boxes and click Save Page when finished.

Clicking yes on page 6 will expand your options.



**Project Director:**

Will there be a Project Director with dedicated time to lead and administer this project?

☒ Yes ☐ No

Project director will be:

☐ Full time ☒ Part time

Project Director is the:

☐ Authorized Representative above

☐ District / Fiscal Clerk above

☒ Other - Provide details below

**Other contact:**

Last Name\*

Jane

First Name\*

Doe

Position/Title\*

Project Director

Phone\*

406 623 5984 Extension

Fax\*

406 623 6547

Summer Phone\*

406 623 5447 Extension

Email address\*

janedoe@home.com

**21st Century Application Approval / Disapproval Copy Email Addresses**

E-mails notifying applicants of this application's approval or return for changes will be sent to each e-mail address entered below (limit five). It is not necessary to enter the e-mail address for the Authorized Representative.

janedoe@home.com

Add Additional Email Address

Save Page

**Note: Only the AR receives automatic notification. In order for others to receive notification, you must enter their email address here.**

## Allocations

[Click for Instructions](#)

This page will automatically fill if you are awarded a grant.

	TitleIVB
<b>Current Year Funds</b>	
Allocation	\$0
ReAllocated (+)	\$0
Released (-)	\$0
<b>Total Current Year Funds</b>	\$0
<b>Prior Year(s) Funds</b>	
Carryover (+)	\$0
ReAllocated (+)	\$0
<b>Total Prior Year(s) Funds</b>	\$0
<b>Sub Total</b>	<b>\$0</b>
<b>Multi-District</b>	
Transfer In (+)	\$0
Transfer Out (-)	\$0
Administrative Agent	
<b>Adjusted Sub Total</b>	<b>\$0</b>
<b>Total Available for Budgeting</b>	<b>\$0</b>
	<b>TitleIVB</b>

Overview	Application Type	Contact Information	Allocations	Program Detail	Budget Pages	Assurances, Common and Program	Amendment Description	Submit	Application History	Page_Lock Control
Populations/Needs Assessment			Program Operations	Program Abstract	Goals	Partnerships	Sustainability			

## Populations/Needs Assessment

[Click for Instructions](#)

### 1.) Populations to be served

Name of Each School that will participate	% of Free/Reduced meals students	Title I Designation	Total Number of Enrolled Students
Brockton Elementary	59	<input checked="" type="radio"/> Yes <input type="radio"/> No	132
Brockton MS	45	<input checked="" type="radio"/> Yes <input type="radio"/> No	59
<b>Total</b>			191

[Add Additional Entries](#)

### 2) Needs Assessment

Percentage of participating students who are below proficient in Reading/Language Arts

Number of anticipated/existing students to be/being served in afterschool program. (Annual)

Percentage of Students

Percentage of participating students who are below proficient in Math

Number of anticipated/existing regular (students attending 30+ days) students to be/being served in afterschool program. (Annual)

Percentage of Students

[Save Page](#)

## Program Operations

[Click for Instructions](#)

**Application Type:** New applicant or a current applicant submitting a NEW application for 21st Century CCLC Funding.  
**Application Type:** Current 21st Century CCLC grantee applying for 60% of current grant and not less than a minimum of \$50,000.

Number of anticipated/existing program centers (Sum of following school and community based entries)  Location

Number of anticipated/existing program centers that will be/are school based

Number of anticipated/existing program centers that will be/are community based

Program activities will be/are held:

Before School	<input type="checkbox"/>	Program will be/are served:	Elementary School Students	<input checked="" type="checkbox"/>
After School	<input checked="" type="checkbox"/>		Middle School Students	<input checked="" type="checkbox"/>
In the Summer	<input checked="" type="checkbox"/>		High School Students	<input type="checkbox"/>

### School Year Program Information

Anticipated start date of school year program	<input type="text" value="09/15/2010"/>	Anticipated end date of school year program	<input type="text" value="08/25/2011"/>
Number of days per week the program will be/is open during the school year	<input type="text" value="5"/>	Number of hours per week the program will be/is open during the school year	<input type="text" value="20"/>

### Summer Program Information

Anticipated start date of summer program	<input type="text" value="06/15/2011"/>	Anticipated end date of summer program	<input type="text" value="08/25/2011"/>
Number of days per week the program will be/is open during the summer	<input type="text" value="5"/>	Number of hours per week the program will be/is open during the summer	<input type="text" value="40"/>

**PER  
WEEK**

### A) Program Operations

Describe how your program day will be set up with regards to student population (grade levels), highly qualified staffing, a variety of engaging activities, number of students served, facilities, transportation and optimizing the use of time students spend out of school. (90 of 2000 maximum characters used)

This shows that you have put some planning into what you hope your program will look like.

[Save Page](#)

Populations/Needs Assessment	Program Operations	Program Abstract	Goals	Partnerships	Sustainability
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## Program Abstract

[Click for Instructions](#)

**Note: All fields require entry.**

### Project Abstract

Provide a brief description of your intended 21st Century program including: (a) Purpose and services to students/families (b) Strategies for achieving project goals (c) Expected project outcomes (d) Indicators of program success. (0 of 4000 maximum characters used)

### Timeline

What is your program implementation timeline for the fiscal year? (0 of 2000 maximum characters used)

### Professional Development

What is your professional development plan for all individuals connected to this program? (0 of 2000 maximum characters used)

### Program Evaluation

Define how you intend to evaluate/have evaluated your progress in achieving your goals and objectives? Use resources that document crime statistics, drop-out rates, teen-age pregnancies, academic achievement, behavior/discipline, health/nutrition, and any other data that would document your progress in achieving your goals and objectives.

Goal I	Goal II	Goal III	Goal IV	Goal V
<b>Goal I</b> <b>Goal, Strategies and Action Steps</b> List your goal, specify strategies and action steps. You are limited to three strategies per goal. <b>Goal (0 of 80 maximum characters used)</b> <b>Strategy (0 of 300 maximum characters used)</b> <b>Action Step 1 (0 of 500 maximum characters used)</b> <b>Action Step 2 (0 of 500 maximum characters used)</b> <b>Action Step 3 (0 of 500 maximum characters used)</b>  <a href="#">Add Strategy</a>				<a href="#">Click for Instructions</a>



Overview	Application Type	Contact Information	Allocations	Program Detail	Budget Pages	Assurances, Common and Program	Amendment Description	Submit	Application History	Page Lock Control
Populations/Needs Assessment		Program Operations		Program Abstract	Goals	Partnerships	Sustainability			

## Partner Agency/Organization

[Click for Instructions](#)

## Partnerships

**Identification of Partner Agency and Partnership Commitment/Involvement:** Indicate the degree and nature of program involvement and responsibility of each of your partner agencies/organizations. It is realized that some locations may lack available partnerships and this situation should be validated here. (184 of 2000 maximum characters used)

Explain what elements your partners will add to your program. Show that you have looked within your community and county for partnerships to assist you with your afterschool endeavor.

Partner Name	Contact Name/Phone	Type of Organization	Services
County Extension Agent	John Montana 406 623 5647 Ext. <input type="text"/>	Other unit of City County ▼	Volunteer Staffing ▼

[Add Additional Entries](#)[Save Page](#)



# E-Grants System

OPI  
Home

Applicant Name: Brockton Elem

Legal Entity: 0782

Title IV B - 21st Century

Application: 2010-2011 Original Application-A0

[Printer-Friendly](#)

[Click to Return to Application Selection](#)

[Click to Return to Menu List / Sign Out](#)

Overview	Application Type	Contact Information	Allocations	Program Detail	Budget Pages	Assurances, Common and Program	Amendment Description	Submit	Application History	Page Lock Control
Populations/Needs Assessment		Program Operations		Program Abstract		Goals	Partnerships		Sustainability	

## Sustainability

[Click for Instructions](#)

Application Type: New applicant or a current applicant submitting a NEW application for 21st Century CCLC Funding

A) How will your initiative sustain itself when funding is reduced or ended? (221 of 2000 maximum characters used)

This is where you let the reviewers know that you are looking towards the future with reduced funding. What will you make sure is in place to help keep your afterschool programs going when some of your funding goes away?

Save Page

**Budget Detail** BUDGET BREAKDOWN (Use whole dollars only. Omit Decimal Places, e.g., \$2536)

[Click for Instruction](#)

Itemize and explain each expenditure amount that appears on the Budget Summary. Click on the "Create Additional Entries" button to enter additional information.

[Description of Purpose Categories and Object Codes](#)

Be very specific with your Expenditure Descriptions!

Object Code	Purpose Category	Expenditure Description and Itemization		Delete Row
100 ▼	10 ▼	Salaries for teachers, paraprofessionals, and others who work directly with students. Hourly rate, estimated hours and days of employment.	25000	<input type="checkbox"/>
100 ▼	23 ▼	Administrative salaries, such as program directors. Again hourly, monthly, or contracted salary. Hours, days, and/or months expected to work.	8000	<input type="checkbox"/>
100 ▼	33 ▼	This would reflect a salary for someone who is providing parent literacy or community service to students.	1000	<input type="checkbox"/>
200 ▼	10 ▼	Every salary category must have a benefit category for Workman's comp, F.I.C.A, insurance, etc.	2000	<input type="checkbox"/>
200 ▼	23 ▼	Director and other administration benefits	3000	<input type="checkbox"/>
200 ▼	33 ▼	Benefits for the community personnel.	200	<input type="checkbox"/>
300 ▼	23 ▼	Every grant must have a contract for Creating Change, Inc. This is the vendor that does Montana's 21st Century data collection. The amount is \$1200.	1200	<input type="checkbox"/>
400 ▼	10 ▼	This might represent utility charges, repair, etc.	1500	<input type="checkbox"/>
500 ▼	10 ▼	This area would reflect student travel for field trips	3000	<input type="checkbox"/>

500 ▼	23 ▼	Travel for staff to the required August conference.	1500	<input type="checkbox"/>
<b>Save Page</b>				
600 ▼	10 ▼	This area would be supplies for any student activity, which could include art supplies, paper, gps units, robotics equipment, board games, etc. Any one item over \$2000 would need prior approval if the grant were awarded.	4000	<input type="checkbox"/>
600 ▼	23 ▼	Here you would include supplies for the office. If a laptop were purchased for the director, it would be included here.	2500	<input type="checkbox"/>
800 ▼	10 ▼	Fees paid for the students to enter a robotics competition or to go swimming would be included here.	800	<input type="checkbox"/>

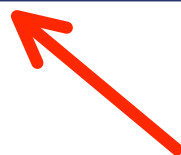
**Create Additional Entries**

#### Determining Maximum Indirect Cost allowed

(A) Total Allocation Available for Budgeting	0	(F) Total budgeted above	\$53,700
(B) Budgeted Property and Equipment Cost (Object 700)	0	(G) Budgeted Indirect Cost	0
(C) Allowable Direct Costs (A-B)	0	(H) Total Budget (F+G)	\$53,700
(D) Indirect Cost Rate %	0		
(E) Maximum Indirect Cost (C*(D/1+D))	0	Allocation Remaining (A-H)	-\$53,700

**Calculate Totals**


**Save Page**



**Calculate totals frequently. Do NOT click the save button until the total is at least \$50,000.**

**Applicant Name:** Brockton Elem  
**Application:** 2010-2011 Original Application-A0

**This page will automatically fill  
when your budget is completed.**

Title IV B - 21st Century 

Printer-Friendly  
[Click to Return to Application Select](#)  
[Click to Return to Menu List / Sign Out](#)

Overview	Application Type	Contact Information	Allocations	Program Detail	Budget Pages	Assurances, Common and Program	Amendment Description	Submit	Application History	Page_Lock Control
Budget Detail					Budget Summary					

**Budget (Read Only)**

[Click for Instructions](#)

Code	Purpose Category	100 Personal Service- Salaries	200 Employee Benefits	300 Purchased Professional and Technical	400 Purchased Property Services	500 Other Purchased Services	600 Supplies	800 Other Objects	TOTAL
10	Instruction	25,000	2,000		1,500	3,000	4,000	800	36,300 67.60 %
20	Support Services								
21	Parental/Family Involvement								
22	Professional Development								
23	Administration	8,000	3,000	1,200		1,500	2,500		16,200 30.17 %
27	Pupil Transportation								
33	School and Community Support	1,000	200						1,200 2.23 %
40	Facilities								
Total Direct Costs		34,000 63.31 %	5,200 9.68 %	1,200 2.23 %	1,500 2.79 %	4,500 8.38 %	6,500 12.10 %	800 1.49 %	53,700 100.00 %
Approved Indirect Cost X 0%									
Total Budget									53,700

Overview	Application Type	Contact Information	Allocations	Program Detail	Budget Pages	Assurances, Common and Program	Amendment Description	Submit	Application History	Page Lock Control
Common Assurances			Title_IV_Part_B Assurances				Assurances			

## Common Assurances for Federal Programs

[Click for Instructions](#)



By checking this box and saving the page, the applicant hereby certifies that he/she has read, understood and will comply with the assurances listed below, as applicable to the program(s) for which funding is requested.

### Assurances

Each legal entity, district, cooperative or agency that participates in one or more of the programs listed below MUST complete and return this form to the Office of Public Instruction (OPI) prior to the award of funds for any U.S. Department of Education administered program.

**Submission of this form is not an application for funds and does not obligate the applicant or OPI for the programs. The following pages consolidate common assurances required by federal law that apply to the federal programs listed below. Additional specific program assurances may be included in the application or program plan for that individual program.**

### Common Assurances

- b. if funds other than federally appropriated funds have been or will be paid to any person for influencing or attempting to influence any of the parties named above, Standard Form LLL, "Disclosure Form to Report Lobbying" will be completed and submitted in accordance with its instructions and returned to OPI.
- c. the language of this section will be included in any subcontracts entered into for funds received under programs covered by this common assurance form, and ensure that all subcontractors certify and disclose accordingly (see statutory detail 34 CFR Section 82).

Common Assurances agreed to on:

Legal Entity Agrees





# E-Grants System

OPI  
Home

**Applicant Name:** Brockton Elem

**Legal Entity:** 0782

Title IV B - 21st Century

**Application:** 2010-2011 Original Application-A0

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[Click to Return to Application Select](#)  
[Click to Return to Menu List / Sign Out](#)

Overview	Application Type	Contact Information	Allocations	Program Detail	Budget Pages	Assurances, Common and Program	Amendment Description	Submit	Application History	Page Lock Control
Common Assurances			Title_IV_Part_B Assurances				Assurances			

## Specific Program Assurances-ESEA Title IV Part B

[Click for Instructions](#)

☒ By checking this box and saving the page, the applicant hereby certifies that he or she has read, understood and will comply with the assurances listed below.

1. That the program will take place in a safe and easily accessible facility [Pub. L. No. 107-110 Section 4204(b)(2)(A), 115 Stat. 1770].
2. That the program was developed and will be carried out in active collaboration with the schools the students attend [Pub. L. No. 107-110 Section 4204(b)(2)(D), 115 Stat. 1770].
3. That the program complies with the Principles of Effectiveness and fosters a safe and drug-free learning environment [Pub. L. No. 107-110 Section 4204(b)(2)(E), 115 Stat. 1770].
4. That the program will primarily target students who attend schools eligible for schoolwide programs under Pub. L. No. 107-110 Section 1114, 115 Stat. 1471 and the families of such students [Pub. L. No. 107-110 Section 4204(b)(2)(F), 115 Stat. 1770].
5. That the funds will be used to supplement and not supplant other non-federal funds that would be otherwise available [Pub. L. No. 107-110 Section 4203(a)(9), 115 Stat. 1768].

Save Page



# E-Grants System

OPI  
Home

Applicant Name: Brockton Elem

Legal Entity: 0782

Title IV B - 21st Century

Application: 2010-2011 Original Application-A0

[Printer-Friendly](#)

[Click to Return to Application Select](#)

[Click to Return to Menu List / Sign Out](#)

Overview	Application Type	Contact Information	Allocations	Program Detail	Budget Pages	Assurances, Common and Program	Amendment Description	Submit	Application History	Page Lock Control
Common Assurances			Title_IV_Part_B Assurances				Assurances			

## Assurance Agreement

[Click for Instructions](#)

The authorized representative of the applicant who is identified below certifies that he or she has read, understood and will comply with all of the provisions of the following assurances.

NOTE: These checkboxes will be automatically filled in as each of the separate assurances are read and completed.

- ☒ Common Assurances
- ☒ 21st Century Assurances

Legal Entity Agrees

These boxes will have automatic checks, if you have done the other two assurance pages correctly.



# E-Grants System

OPI  
Home

**Applicant Name:** Helena Elem

**Legal Entity:** 0487

Title IV B - 21st Century Continuing ▾

**Application:** 2010-2011 Original Application

[Printer-Friendly](#)

[Click to Return to Application Select](#)

[Click to Return to Menu List / Sign Out](#)

Overview	Contact Information	Allocations	Program Detail	Budget Pages	Assurances, Common and Program	Amendment Description	Submit	Application History	Page Lock Control
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Submit

[Click for Instructions](#)

**The Consistency Check must be successfully processed before the application can be submitted to the OPI.  
The Authorized Representative must review and approve Assurances before submitting the application to the OPI.**

Consistency Check

Lock Application

Unlock Application

Assurances

LEA Data Entry

LEA Auth Rep

Grant Admin - Final Review

**Once the Consistency Check is complete, you will see a Submit button.  
When you submit it will go to your Authorized Representative (AR).  
The AR must submit the application to OPI.**



Overview	Application Type	Contact Information	Allocations	Program Detail	Budget Pages	Assurances, Common and Program	Amendment Description	Submit	Application History	Page_Lock Control
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**Submit**[Click for Instructions](#)

**Click Submit to OPI button to make final submission of the application for OPI review and approval.**

Terry Falcon ran the consistency check process which locked the application on 3/24/2010 at 11:31 AM.

[Lock Application](#)[Unlock Application](#)

Assurances 3/24/2010

Consistency Check was run on: 3/24/2010

LEA Data Entry

LEA Auth Rep

[Submit to OPI](#)

Grant Admin - Assign Readers

Grant Admin - Final Review

**Message received after running the Consistency Check. Now click the Submit to OPI button.**

TEST user ID: tfalcon

# Congratulations!

The application has been submitted to the OPI for review.

Consistency Check

Lock Application


Unlock Application

Assurances	3/24/2010
Consistency Check was run on:	3/24/2010
LEA Data Entry	
LEA Auth Rep submitted the application to OPI on:	3/24/2010
Grant Admin - Assign Readers	
Grant Admin - Final Review	

**You must receive this message by April 30, 2010 in order to have your grant considered in the 2010-2011 competition. Should you encounter any difficulties, please call or email Sandi Smith 406-444-3519 or [sandismith@mt.gov](mailto:sandismith@mt.gov)**



You may save your application at any time and re-enter e-grants to complete the application. When you re-enter you will see this page. Click the radio button in front of your application, and then click **Open Application**.

**E-Grants System**

OPI  
Home

Click to Return to Organization Selection  
Click to Return to Menu List / Sign Out

Applicant Name: Helena ElemLegal Entity: 0487

Application Select - 21st Century Continuing ApplicationInstruction

Select an application from the list(s) below and press one of the following buttons:

Open Application

Create Amendment

Review Summary

Payments

Print All

Select	Application / Amendment	Original Submit Date	OPI Approval Date	Status	Status Date
<input type="radio"/>	11-ntleIVBCont-00 Original Application			Not Submitted	

The page has not been saved due to the following errors:  
Errors:

- Authorized Representative Summer Phone Area Code is a required field.
- District Clerk Summer Phone Area Code is a required field.

Error notification will be at the top  
of the page in red.

Overview	Contact Information	Allocations	Program Detail	Budget Pages	Assurances, Common and Program	Amendment Description	Submit	Application History	Page Lock Control
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**Contact Information** [Click for Instructions](#)

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\* Denotes required field

**Authorized Representative:**

Last Name	<input type="text"/>	First Name	<input type="text"/>
Phone	<input type="text"/> <input type="text"/> <input type="text"/> Extension <input type="text"/>	Fax	<input type="text"/> <input type="text"/> <input type="text"/>
Summer Phone*	<input type="text"/> <input type="text"/> <input type="text"/> Extension <input type="text"/>	Email	<input type="text"/>

**District / Fiscal Clerk:**

Last Name	<input type="text"/>	First Name	<input type="text"/>
Phone	<input type="text"/> <input type="text"/> <input type="text"/> Extension <input type="text"/>	Fax	<input type="text"/> <input type="text"/> <input type="text"/>
Summer Phone*	<input type="text"/> <input type="text"/> <input type="text"/> Extension <input type="text"/>	Email	<input type="text"/>

Automatic e-mail notifications of this application's approval and/or return will be sent to the LEA Authorized Representative. If others want to receive these automatic e-mail notices, their e-mail addresses must be entered in the '21st Century Approval/Disapproval E-mail Notification' section at the bottom of this page.

**Note:** The district clerk and program contact(s) DO NOT receive automatic e-mail notices UNLESS their email addresses are included in the '21st Century Approval/Disapproval E-mail Notification' section.

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